

City of Chandler, Cultural Affairs Museum Division VOLUNTEER APPLICATION

Office use:	
nterview date:	
References:	
Placement:	
Start date:	

Name:					
Last	Last First		Middle Initial		
Address:	A (N		0", 101, 1	7'	
Street	Apt. No.		City/State	Zip	
Primary Phone:	Seconda	ry Phone: _			
Email address:	Date of birth:				
Arizona Drivers License #					
	Class		Exp. Date		
Emergency Contact Name:			Phone:		
Address:Street	Apt. No.		City/State	Zip	
Deletionakia ta vevi	Apt. No.		·	Διμ	
Prior Volunteer Experience:					
Nork Status: · · Employed full-time:	· Employ	ed part-time:	Retired/Unemploye	ed/Student:	
Current/Most recent employer:		· -			
Address:					
Job Title/Responsibilities:					
Educational Background: (Circle last year completed)		Do you h	ave transportation to and from you	ur Volunteer assignment?	
High School degree or High School Equivalency Certificate	1 2 3 4	Fluent La	inguages (other than English):		
College Major/Post High School Training: School/Major:	1 2 3 4	Language		Read Speak Write	
Graduate Field: School/Major:	1 2 3 4	Language	9:	Read Speak Write	
Please indicate the times you would like	to volunteer:	weekly	twice monthly	special projects	

Museum Hours: Tues-Sat 10am-4pm

	Tues	\\/c d	Th	F.:	Cc ⁴	
	Tues.	Wed.	Thurs.	Fri.	Sat.	\coprod
Mornings: 10-1						
Afternoon: 1-4						
Vhat date would you be	e available to sta	rt volunteer work	?			
'olunteer Interests (p	lease circle all th	nat apply):				
amily Programs	Tour Guid	e	Colle	ections	Newspa	per Digitization
Special Events	Scanning	and Digitizing	Adm	ninistrative tasks	Exhibit F	Prep/Installation
Research Assistant	Oral Histo	ry Transcriptionis	t Res	earch		
/olunteer Skills (pleas Word Processing/Filing				site development		
Software (i.e. Photosho	p, Excel)	Writing Editing	Public speakir	ng Teaching adu	ılts Teachin	g Children
Customer Service	Video/Film	n/Photography (Organization	Conversation		
Do you have any specia	al needs or disab	ility that we need	to be aware of?		If yes, please	explain:
Have you ever been co	nvicted and/or pl	aced on probatio	n for any criminal	offenses?	Yes _	No
f "yes", please provide	dates and detaile	ed information (in	cluding minor off	enses):		
A "yes" answ	ver will not autom	atically disqualify	you. Each case	will be considered	individually, ba	nsed on program requirements.
STATEMENT OF ACC	OUNTABILITY A	AND CONSENT				
By signing this applicati	ion form, I certify	that all information	on is true to the b	est of my knowledg	je, and any om	issions or misrepresentations will be
ause for refusal of plac	cement or immed	liate dismissal at	any time during t	he period of my pla	cement. I give	the City of Chandler Museum Division
uthorization to investig	gate all matters c	ontained in this a	pplication. I unde	rstand that it is my	responsibility to	keep the Museum Division advised
bout any changes of a	ddress or phone	number. I agree	to obey all rules	and procedures est	ablished by the	e City of Chandler Museum Division, a
inderstand that heing a	volunteer mean	s I have made a	commitment to th	e program I furthe	r understand th	at I am a volunteer and therefore not

entitled to any benefits which are provided to employees of the City of Chandler, and that I will be fulfilling job responsibilities without receiving a salary or hourly wage. I will assume all risks and/or hazards associated with participation in this program and do hereby agree to hold harmless the

City of Chandler and/or its employees.

Signature of Volunteer Applicant

Date

Date

Signature of	Parent or	Guardian	if app	licant i	s under '	18
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Volunteer References

Please provide the contact in	nformation for three (3) references. Yo	ou may include both personal and pro	ofessional references:
1			
name	relationship	phone number	yrs known
2			
name	relationship	phone number	yrs known
3			
name	relationship	phone number	yrs known
	Volunteer Time	Commitment	
indicating that you recognize	volunteers to commit to a minimum of e this time commitment and are prepar ve a particular scheduling issue that yo	red to invest the necessary time and	energy requested. If you are a
printed name	signature	date	_